RESOLUTION NO. 66 OF 2004

RESOLVED, that the Town Board wishes to

re-affirm a standing policy in the Town of Horicon regarding the submission of complaints to the Town. In order for the Town to take action or review any complaint, a written, signed complaint must be submitted to the Town. Verbal complaints or unsigned letters will not be attended to.

Town of Horicon PO Box 90 6604 State Rte 8

Brant Lake, NY 12815

(518) 494-4245 Fax 518-494-5240

email: zoningplanning@horiconny.gov

Website: horiconny.gov

ZONING COMPLAINT FORM

Date:	Tax Map Number (if known):
Property Owner(s) Name:	
Property Address (911 location):	
Owner(s) Phone Number (if known)	!
Nature of Complaint: (use separate s	sheet if necessary):

Name:	
Mailing Address:	
Contact Information (phone, email e	tc.):
Signature:By signing this form you are certify	ing that the above information is true and correct to the best of your knowledge.
*****************	Office Use Only
Date of Review:	Office Use Only
Complainant(s) Notification of findings:	Date of Notification: Mail Phone Fax E-Mail
Signature:Zoning Administrator - Town	of Horicon